



Disease Detectives

The Mecklenburg County Health Department will distribute potassium iodide (KI) free of charge to North Carolinians who live within a 10-mile radius of the McGuire and Catawba nuclear power plants, which are located in the northern and southern portion of the County, respectively. Distribution will occur on October 19th and October 22nd. Two tablets per household member will be provided. Approximately 61,948 households, consisting of about 154,250 residents, are eligible for this free distribution.

The ingestion of KI shortly before or after a release of radioactive iodine (I-131) is thought to protect against thyroid cancer. KI is not a prescription drug and is available in pharmacies as an OTC medication, and can also be purchased via the Internet. Adverse effects associated with KI are minimal; however, contraindications do exist. For this reason, we instructed persons with con-

The distribution of KI for residents within the 10-mile radius of the Catawba and McGuire nuclear power plants provided the rare opportunity for the health departments in affected counties to meet and coordinate their efforts in a regional manner. Health department officials from Catawba, Gaston, Iredell, Lincoln, and Mecklenburg counties participated in the KI distribution. Although not partaking in the distribution, representatives from the

MECKLENBURG COUNTY HEALTH DEPARTMENT

From the Medical Director...

KI Distribution

cerns about taking KI to contact their physician. Medical offices may be receiving inquiries regarding this and other aspects of KI from their patients. If you would like additional information about KI, please review the KI Information Sheet on page 2.

In addition, to facilitate our providing you important information during times of emergencies or disease outbreaks, please provide the following contact information:

- ★ A telephone number where you can be reached for health alert emergency information, and
- ★ Your email address.

Please submit this information to:

- ★ Lorraine Houser, RN (email: houselm@co.mecklenburg.nc.us or phone: 704.336.6438) or
- ★ Carmel Clements, RN (email: clemecl@co.mecklenburg.nc.us or phone: 704.336.4671.

You can learn more about the State's KI policy and other related information at the following websites:

NC Department of Health and Human Services KI

www.dhhs.state.nc.us/dph/ki.htm

NC Department of Health and Human Services Press Release, June 28, 2002

www.dhhs.state.nc.us/pressrel/6-8-02a.htm

Guidance: Potassium Iodine as a Thyroid Blocking Agent in Radiation Emergencies, Food and Drug Administration

www.fda.gov/cder/guidance/index.htm

NY Department of Health information to physicians about KI

www.healthstate.ny.us/nysdoh/ki/kimd.htm

Stephen R. Keener, MD
www.skeener@carolinas.org

KI: Regional Cooperation in Action

Cabarrus County Health Department, South Carolina Emergency Management, the North Carolina Division of Public Health, and the Public Health Regional Surveillance Team 7 also attended planning sessions. The group agreed at the beginning of the planning sessions that there should be common elements to the KI distribution efforts across the region to avoid the problem of perceived inequities, ensure adequate amounts of KI for the residents, provide the public with common and

consistent information, and to prevent undue burden on neighboring counties. Materials were also shared across the region, such as educational material, maps, and tablet-dispensing materials. Details about operations at distribution sites were left to each individual county. The group was able to address a variety of issues and develop a workable distribution plan. This effort demonstrated the cooperative and collaborative spirit that exists in our region.

POTASSIUM IODIDE INFORMATION SHEET

What is it?

Potassium iodide (KI) is an over-the-counter medication that can protect one part of the body, the thyroid, if a person is exposed to radioactive iodine released during a nuclear power plant emergency.

How does it work?

KI fills the thyroid with stable iodine so that it cannot absorb radioactive iodine. Taking KI (shortly before or shortly after exposure to radioactive iodine) protects the thyroid from damage by radioactive iodine.

How much should be taken?

The dose depends on a person's age. The table below shows the doses recommended by the US Food and Drug Administration (FDA). Take only one dose (according to the table below) per 24-hour period. To divide the tablets into 1/2, 1/4, or 1/8 portions, use a pill cutter or sharp knife on a hard surface. Crush the doses for infants and small children into a powder and mix with applesauce, pudding or something else the child likes.

Age Group	KI Dose	Amount of 130 mg tablet
Adults over 18 years	130 mg	1 tablet
Over 3-18 years*	65 mg	1/2 tablet
Over 1 mo-3 years	32 mg	1/4 tablet
Birth to 1 month	16 mg	1/8 tablet

*Adolescents approaching adult size (70 kg=150 pounds) should receive a full tablet (130 mg)

Is it safe to take KI?

The FDA has determined that KI is safe for most people. Some people may have mild side effects such as nausea, GI upset, or skin rash. **Pregnant women and newborns should not receive more than one dose of KI and should be checked by their doctor soon after taking KI to make sure thyroid function remains normal.**

Who should not take it?

- ⇒ People who are allergic to iodine
- ⇒ People who have the rare disorders of dermatitis herpetiformis or hypocomplementemic vasculitis

Anyone who is not sure if they can take KI should check with their doctor.

When should it be taken?

If a nuclear power plant emergency occurs, the Emergency Alert System and the media (radio and TV) will notify the public of protective actions that should be taken. These instructions could include: evacuate the area, stay inside, and/or take KI. Public health officials will let people know if they need to take KI. **DO NOT TAKE KI UNLESS PUBLIC HEALTH OFFICIALS TELL YOU TO TAKE IT.**

Where should KI be stored?

Keep KI in a dry place at room temperature. As with other medicines, KI tablets should be stored where children cannot reach them. Keep this information with the KI.

Remember...Taking KI is not a substitute for evacuation. Leave the area immediately if you are instructed to do so. KI will only protect the thyroid from radioactive iodine. If there is a nuclear power plant emergency near you, you must protect your whole body from penetrating radiation and other radioactive materials besides radioactive materials besides radioactive iodines.

HIPAA and Reporting Communicable Diseases

The Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 set national standards to protect personal health information from improper dissemination by health care providers, health care clearinghouses, and health plans that transmit health information electronically. The privacy rule generally requires a "covered" health care provider to obtain an individual's permission before disclosing individually identifiable health information for purposes other than treatment, payment or operations. Health care providers that are "covered entities" must comply with the privacy rule no later than April 14, 2003.

The Privacy Rule (Code of Federal Regulations, Title 45, Part 164) contains exceptions, including disclosure of reportable communicable disease information to public health authorities. The privacy rule specifically

leaves in place any state law that requires the disclosure of protected health information. Under the Privacy Rule (§164.512), a health care provider / "covered entity" may disclose protected health information to "a public health authority" (local health department) "that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions"

North Carolina General Statute §130A-144(b) permits local health directors (local health departments) or the state health director access to medical and laboratory records pertaining to the diagnosis, treatment or prevention of communicable diseases. **Health care providers and laboratories cannot choose whether or not to make disclosures of**

reportable disease information to the local health department since North Carolina law requires such disclosures.

State law requires physicians to report known or suspected cases of reportable diseases to the local health department (N.C. General Statute §130A-135). The patient's permission or consent is not needed to release reportable disease information to the local health department (HIPAA §164.512b). This exception in the Privacy Rule was necessary since requiring the patient's permission to release information on reportable diseases would have created a significant obstacle in the efforts of local health departments in preventing the spread of disease.

For more information, contact Jane Hoffman at hoffmjlj@co.mecklenburg.nc.us or 704.336.5490 .

Shigella, Salmonella, Diarrhea, Oh My!

In the past two months, the county has seen a significant increase in the numbers of cases of Shigellosis and Salmonellosis, particularly in the pre-school and child daycare population. As of mid October, nearly 200 cases of these bacterial illnesses have been identified, with over 1,000 of their contacts tested. Many of the children tested positive for both Salmonella and Shigella. About 30 child daycares/preschools are involved in the outbreak. CD Control nurses and Environmental Health specialists have visited all of the facilities involved to re-emphasize the impor-

tance of handwashing and other hygienic measures. No particular source has been identified or is suspected.

Letters were sent to all 900+ childcare centers informing them of the increased incidence of Shigellosis and Salmonellosis in the community. Symptoms were described and sanitation procedures were outlined. Child care center directors and parents were told that children who are sick or have diarrhea must stay home until they are asymptomatic. Diarrhea is defined as 2 or more loose stools within a 24-hour period or increased watery stool that cannot be contained by the child's dia-

per or use of the toilet.

A video on correct diapering, handwashing, and sanitation procedures will be sent to all of the county's child care facilities and it will be used as part of their staff continuing education program. A health alert was faxed to all physician offices and medical care facilities describing the outbreak situation.

For more information on the Health Department's enteric exclusion policy, please see page 7 or contact Lorraine Houser at houselm@co.mecklenburg.nc.us or 704.336.6438.

FAQ

Q. Does the Health Department test for West Nile Virus?

A. The Health Department will test patients for WNV if they have clinical

symptoms and have a signed prescription from their medical provider. Testing is done at the Billingsley Road location only. The State prefers to have testing done at their lab since lab re-

sults can be unreliable at some reference labs. An acute and convalescent specimen will be necessary in order to obtain accurate results.

Tularemia: Potential BT Agent and More

Francisella tularensis is a gram-negative nonmotile bacillus possessing the ability to survive in the external environment for many weeks. Tularemia, a worldwide zoonotic disease also known as rabbit fever and Francis' disease, contains two subspecies pathogenic to humans. Subspecies *tularensis* biovar (Jellison type A) with the rabbit as host is unique to North America. Subspecies *holarctica* biovar (Jellison type B) with rodents as host is predominate in Europe and the Far East. Ticks, and less commonly deer flies, transmit the disease from animal-to-animal and animal-to-man. Tularemia is reported year round in North America with increased human cases in early winter during rabbit hunting season and particularly in children during summer months when ticks are abundant. Throughout the world, rodents and small mammals have been reported to be involved in Tularemia epidemics. During the summer of 2002 in two states in the American west, Tularemia was the cause of a die-off in captured wild prairie dogs.

A variety of clinical manifestations may be expressed in patients presenting with Tularemia. Most often an ulcer is present at the site of entry (tick or deer fly bite) accompanied by swelling of regional lymph nodes that may abscess. Abdominal pain, diarrhea, and vomiting will be present when the organism is ingested by water or food. Inhalation of infectious material from the bedding hay or straw of rabbits and rodents is the most serious of exposures to tularemic bacteria and may be followed by pneumonic involvement or a septic-

mic syndrome with a 30 - 60% fatality rate for patients not treated with antibiotics. Pneumonia often complicates all clinical types and must be promptly identified and treated to prevent death. Since person-to-person transmission has not been demonstrated, isolation is not indicated for patients with Tularemia.

Clinical diagnoses are commonly confirmed by a rise in specific serum antibodies. Lymph node and ulcer exudates are examined by direct fluorescence antibody test for a rapid diagnosis. Streptomycin or gentamicin are the drugs of choice given over a period of 14 days.

Prevention measures include controlling ticks on pet rabbits and rodents and avoiding swimming or drinking water contaminated by infected wild animals. Live attenuated vaccines applied intradermally by scarification are used in countries belonging to the old Soviet Union and some occupational groups in the USA. These same vaccines have been used in the USA investigational in laboratory personnel but are no longer available. At present this vaccine is again under review by the Food and Drug Administration to meet the demand of possibly inoculating large numbers of the population. All hunters should wear gloves when skinning wild rabbits and the meat should be cooked thoroughly before consumption. Laboratory personnel should wear protective masks, gloves, gowns, and work with negative pressure cabinets when culturing *F. tularensis*.

Tularemia has been manufactured as a bio-weapon and presents a grave threat when released as an aerosol

agent. Such releases of *F. tularensis* would result in patients presenting with primary pneumonia requiring prompt diagnosis and treatment to prevent a fatal outcome. In a bioterrorism event when mass casualties result, ciprofloxacin and doxycycline administered orally would be the first choice of drugs given to both adults and children. The CDC maintains a national pharmaceutical stockpile of these drugs, along with ventilators and other emergency equipment. Any cluster of diagnosed pneumonia cases due to *F. tularensis* should be reported to the local health department for prompt investigation.

For more information, contact Al Piercy at 704.336.6440 or piercaw@co.mecklenburg.nc.us

References:

1. Acha, Pedro N. and Boris Szyfres. "Tularemia." Zoonoses and Communicable Diseases Common to Man and Animals. Washington: Pan American Health Organization, 1987.
2. Chin, James, ed. "Tularemia." Control of Communicable Diseases Manual. 17th Edition. Washington: American Public Health Association, 2000.
3. Dennis, D. T., T. V. Inglesby, D. A. Henderson, et al. "Abstract: Tularemia as a Biological Weapon: Medical and Public Health Management." Journal of the American Medical Association. June 6, 2001. Vol. 285, no. 21. Online. Centers for Disease Control. October 1, 2002.
4. "Public Health Dispatch: Outbreak of Tularemia Among Commercially Distributed Prairie Dogs, 2002." CDC. Centers for Disease Control and Prevention. MMWR Morbidity and Mortality Weekly Report. August 9, 2002. Online. October 1, 2002.

Did you know...that the raccoon (*Procyon lotor*) is one of the most adaptable critters on the planet. They are everywhere. They eat everything and look cute doing it. But did you know that: *They make their den in hollow trees, rock crevices, rock piles and burrows made by other animals*They mate in the winter and have a gestation period of about 63 days*They have one litter of 2-5 cubs per year*At birth, the newborn cub is about 4" in length and weighs 2 ounces*Adults measure 24"-40" from the tip of the nose to the tip of the tail and the average weight is 35 pounds*The heaviest raccoon ever reported was a male weighing 62 pounds*They have the intelligence level of primates and are a cousin to the bear*Their favorite food is crayfish*They may carry salmonella, ringworm, tularemia, roundworms and they serve as a host to the deer tick, which carries lyme disease*They are the primary vector of rabies in Mecklenburg County with 17 raccoons testing positive last year .

Reportable Diseases In North Carolina

Telephone reports are requested within 24 hours for diseases of unusual significance, incidence, or occurrence which may merit an epidemiological evaluation; and foodborne and waterborne outbreaks where a common source is suspected.

Telephone reports should include the following information:
disease; date of onset; patient name/address/phone number/age/race/sex; laboratory confirmation (yes or no); name and phone number of person making the report.

Report within 24 hours (by phone and card)

Anthrax	Granuloma Inguinale	Rubella
Botulism	H. Influenzae, Invasive Disease	Salmonellosis
Campylobacter Infection	HUS/Thrombotic Thrombocytopenic Purpura	Shigellosis
Chancroid	Hepatitis A	Smallpox
Cholera	Hepatitis B, Acute	Syphilis, All Stages
Cryptosporidiosis	Listeriosis	Tuberculosis
Cyclosporiasis	Measles (Rubeola)	Tularemia
Diphtheria	Meningococcal Disease	Typhoid, Acute
E. coli, Shiga toxin-producing	Plague	Vibrio Infections
Foodborne Disease	Polio, Paralytic	Viral Hemorrhagic Fever
Gonorrhea	Rabies, Human	Whooping Cough

Report within 7 days (by card)

AIDS	Legionellosis	Rubella Congenital Syndrome
Brucellosis	Leptospirosis	Streptococcal Infection, Group A, Invasive Disease
Chlamydia	Lyme Disease	Tetanus
Dengue	Lymphogranuloma	Toxic Shock Syndrome
Ehrlichiosis, Granulocytic	Venereum	Toxoplasmosis, Congenital
Ehrlichiosis, Monocytic	Malaria	Transmissible Spongiform En- cephalopathies (CJD/vCJD)
Encephalitis, Arboviral	Meningitis, Pneumococcal	Trichinosis
Enterococci, Vancomycin resistant	Mumps	Typhoid Carriage
Hantavirus Infection	Nongonococcal Urethritis	Typhus, Epidemic louse-borne
Hepatitis B, Carrier	Psittacosis	Yellow Fever
Hepatitis C, Acute	Q Fever	
HIV infection	Rocky Mountain, Spotted Fever	

Reporting Communicable Diseases – Mecklenburg County
To request N.C. Communicable Disease Report Cards, telephone 704.336.2817
Mark all correspondence “CONFIDENTIAL”

Tuberculosis:

TB Clinic 704.921.6170
Mecklenburg County Health Department FAX 704.921.6133
251 Eastway Drive
Charlotte, NC 28213

Sexually Transmitted Diseases, HIV, & AIDS:

Regional Office HIV/STD Surveillance 704.336.6480
Mecklenburg County Health Department FAX 704.336.6200
700 N. Tryon Street, Suite 214
Charlotte, NC 28202

All Other Reportable Communicable Diseases including Viral Hepatitis A, B & C:

Report to any of the following nurses:

Shannon Gilbert, RN 704.353.1270
Nancy Hill, RN, 704.336.5498
Jane Hoffman, RN, 704.336.5490
Lorraine Houser, RN 704.336.6438
Monica O’Lenic, RN 704.336.6436
Elizabeth Quinn, RN 704.336.5398
Communicable Disease Control FAX 704.353.1202
Mecklenburg County Health Department
700 N. Tryon Street, Suite 271
Charlotte, NC 28202

Animal Bite Consultation / Zoonoses / Rabies Prevention:

Al Piercy, RS 704.336.6440
Communicable Disease Control FAX 704.353.1202
Mecklenburg County Health Department
700 N. Tryon Street, Suite 271
Charlotte, NC 28202
or State Veterinarian, Lee Hunter, DVM 919.733.3410
State after hours 919.733.3419

Suspected Food borne Outbreaks / Restaurant, Lodging, Pool and Institutional Sanitation:

Food & Facilities Sanitation 704.336.5100
Mecklenburg County Health Department FAX 704.336.5306
700 N. Tryon Street, Suite 208
Charlotte, NC 28202

Mecklenburg County Health Department

Vaccine Supply



The National Immunization Program (NIP) issued a vaccine supply update at the end of August 2002 stating the following vaccines are now in sufficient supply:

- ★ DTaP
- ★ Hepatitis B
- ★ Hib (Vaccine supply is sufficient at this time only for Aventis Pasteur, brand name ActHIB. Hib orders from Wyeth and Merck require 6-8 weeks to fill.)
- ★ IPV
- ★ MMR (Vaccine supplies are sufficient to return to the routine schedule as recommended by

the ACIP/AAP.)

- ★ Td
- ★ Varicella
- ★ Hepatitis A (pediatric)
- ★ Meningococcal Vaccine
- ★ Influenza

Shortages still remaining in effect:

- ★ Hepatitis B/Hib Vaccine (Two to four weeks are required to fill hepatitis B/Hib combination (COMVAX) orders from Merck.)
- ★ Pneumococcal Conjugate Vaccine (PCV) (The supply of PCV remains critically low with delays at least

into late 2002.)

- ★ Pneumococcal Polysaccharide Vaccine (PPV) (Wyeth is currently out of PPV but will have supplies available in late fall/early winter. Merck has an adequate supply of PPV.)

For updates on vaccine availability and immunization questions visit www.immunize.org/

For more information, contact Gail Mills at millsgeb@co.mecklenburg.nc.us or 704.336.5076.

Enteric Exclusion Policy/Mecklenburg County

Child Care Center	Foodhandler
<p>Shigellosis—All children or workers must be excluded from the center until two consecutively negative stools (taken not less than 24 hours apart and at least 48 hours after being off antibiotics) are obtained. The Communicable Disease Control nurse from the MCHD must release the child or worker to return to the child care center. A release from the physician is not sufficient.</p> <p>Salmonellosis— All symptomatic and asymptomatic children who are in diapers and not fully toilet trained** must be excluded from the center until two consecutively negative stools (taken not less than 24 hours apart and at least 48 hours after being off antibiotics) are obtained. The CD Control nurse from the MCHD must release the child or worker to return to the child care center. A release from the physician is not sufficient.</p> <p>Adult workers and toilet trained children who are symptomatic must remain out of the center and may return when they are asymptomatic. They will be monitored until two consecutively negative stools (taken not less than 24 hours apart and at least 48 hours after being off antibiotics) are obtained.</p>	<p>Shigellosis—All workers must be excluded from food handling until two consecutively negative stools (taken not less than 24 hours apart and at least 48 hours after being off antibiotics) are obtained. The Communicable Disease Control nurse from the MCHD must release the foodhandler to return to work. A release from the physician is not sufficient.</p> <p>Salmonellosis— All symptomatic individuals are excluded from food handling and may return when they are asymptomatic. They will be monitored until two consecutively negative stools (taken not less than 24 hours apart and at least 48 hours after being off antibiotics) are obtained.</p> <p>**The definition of "fully toilet trained " is no more than 2 incontinent stools per week.</p>

This periodical is written and distributed quarterly by the Communicable Disease Control Program of the Mecklenburg County Health Department for the purpose of updating the medical community in the activities of Communicable Disease Control. Program members include: Health Director—Peter Safir; Medical Director—Dr. Stephen R. Keener; Director, CD Control—Carmel Clements; Program Chief—Wanda Locklear; CD Control nurses—Nancy Hill, Jane Hoffman, Lorraine Houser, Monica O'Lenic, Elizabeth Quinn; TB Outreach nurses—Marcia Frechette (also Adult Day Health), Faye Lilieholm; Child Care nurse—Gail Mills; Rabies/Zoonosis Control—Al Piercy; ; Program Chief STD/HIV Surveillance—Carlos McCoy; Syphilis Coordinator— Ann White; DIS—Mary Ann Curtis, Michael Rogers, Lavon Sessoms; Regional Surveillance Team—Bobby Kennedy, Belinda Worsham; Office Assistants—Linda Kalman, Lisa Liner.

Lorraine Houser, Editor

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Communicable Disease Control
UPDATE

For comments or questions about this newsletter :

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Visit us on the World Wide Web at
www.meckhealth.org